

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/018869

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2	✓		✓			
3						
4		3		1		
5	✓	0		1		
6	✓	0		1		
7		0		1		
8		0		1		
9	✓		✓			
10	✓		✓			
11	✓		✓			
12	✓		✓			
13		0		1		
14		0		1		
15		0		1		
16	✓					
17	✓		✓			
18		0		1		
19		0		1		
20		0		1		
21	✓		✓			
22	✓		✓			
23	✓		✓			
24	✓		✓			
25	✓		✓			
26	✓		✓			
27		0		1		
28	✓		✓			
29		0		1		
30		0		1		
31	✓		✓			
32		0		1		
33	✓		✓			
34		0		1		
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TOTAL IND.			9			
TOTAL DEP.			26			
TOTAL CLAIMS			35			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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